

and ability to learn the legislative process served me very well. I benefited greatly from Chad's advice, knowledge and work ethic over the past year.

I also want to thank his wife Melissa, and their daughter Megan for moving to the Washington, D.C. area for the year so that Chad could have this experience. It could not have been an easy move but it was great seeing them make the most of their time here.

It was a pleasure having Chad serve as my fellow, but I now like to think of him as another one of my staff members. I'm sad to see his fellowship end but I know that he will have other great opportunities due to his knowledge and expertise in the energy field.

I wish him and his family the best of luck and give them my sincerest thanks for being a part of the Simpson office "family" the past year.

Finally, I want to thank the Nuclear Society for sponsoring Chad as a Congressional Fellow. At a time when the world is becoming increasingly technical and competitive, Congress benefits from the advice of experienced and educated experts.

LEAST COSTLY ALTERNATIVE POLICIES: IMPACT ON PROSTATE CANCER DRUGS COVERED UNDER MEDICARE PART B

HON. KEN CALVERT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. CALVERT. Mr. Speaker, I rise today to bring to the House's attention a November 2012 report by the Department of Health and Human Services (HHS) Office of Inspector General (OIG), which I requested, titled *Least Costly Alternative Policies: Impact on Prostate Cancer Drugs Covered Under Medicare Part B (OE1-12-12-00210)*. I ask that the Findings, Conclusion and Recommendation of the report be entered into the CONGRESSIONAL RECORD. The full report can be found at: <https://oig.hhs.gov/oei/reports/oei-12-12-00210.asp>.

In 2004, the HHS OIG concluded that Medicare carriers should apply parity reimbursement to a group of drugs covered under Medicare Part B known as LHRH agonists. This recommendation was in part to remove economic incentives for providers from the prescription process. The HHS OIG further concluded that the implementation of parity pricing for LHRH agonists would produce savings of \$40 million per year. Following this recommendation, the Centers for Medicare and Medicaid Services (CMS) encouraged carriers to apply parity reimbursement policies to LHRH agonists. In response to a court decision concerning another class of Part B drugs, CMS withdrew utilization of parity reimbursement for LHRH agonists in April of 2010.

In response to concerns expressed to me that the withdraw of parity reimbursement may have created an unintentional economic incentive for providers to prescribe the costliest drugs in the LHRH class, I requested HHS OIG look into the matter.

In their November 2012 report, HHS OIG found that parity pricing would have saved the Medicare program \$33.3 million dollars had it been in place between the third quarter of 2010 and the second quarter of 2011. What's

more, \$6.7 million of these savings would have been realized by Medicare beneficiaries in the form of reduced coinsurance payments. Additionally, the November 2012 HHS OIG report stated that parity pricing policies may be a useful tool for conserving taxpayer funds in the Medicare program.

Mr. Speaker, given Medicare's current fiscal outlook, it is imperative that policy decisions be made with the program's fiscal health, as well as the patient's health, in mind. I encourage my colleagues to read the HHS OIG report and I look forward to working with my colleagues in Congress to address the OIG's recommendations and ensure the fiscal health of Medicare for generations to come.

FINDINGS

MEDICARE AND ITS BENEFICIARIES WOULD HAVE SAVED \$33 MILLION IN 1 YEAR IF LCA POLICIES FOR LHRH AGONISTS HAD NOT BEEN RESCINDED

If LCA policies had been in effect between the third quarter of 2010 and the second quarter of 2011, payment amounts for Lupron, Eligard, and Zoladex would have been based on that of the least costly alternative, Trelstar. As shown in Table 2, the potential savings per dose in each quarter would have ranged from \$1.61 to \$33.49 for Zoladex and from \$17.70 to \$40.85 for Lupron and Eligard.

If the more expensive products had been reimbursed at the lower price in each quarter under review, total expenditures for monthly injections over the year period would have been reduced from \$264.6 million to \$231.3 million, yielding a total savings of \$33.3 million (13 percent). Twenty percent of these savings (\$6.7 million) would have been realized by Medicare beneficiaries in the form of reduced coinsurance amounts.

TABLE 2: PAYMENT AMOUNTS FOR MONTHLY INJECTIONS

HCPCS Code	Brand	Third Quarter 2010	Fourth Quarter 2010	First Quarter 2011	Second Quarter 2011
Payment Amounts for the Least Costly Product					
J3315	Trelstar	\$164.59	\$181.93	\$176.27	\$197.31
Additional Amounts Paid for More Expensive Product					
J9202	Zoladex	+\$33.49	+\$12.36	+\$26.08	+\$1.61
J9217	Lupron, Eligard	+\$40.85	+\$26.28	+\$32.83	+\$17.70

Source: Medicare reimbursement amounts published by CMS for third quarter 2010 through record quarter 2011.

During the year before LCA policies were rescinded, the most costly LHRH monthly injections—Lupron and Eligard—were administered at about twice the rate of the least costly alternative, Trelstar (Figure 1). However, utilization of these pricier drugs was declining during this time, decreasing 11 percent from the second quarter of 2009 through the first quarter of 2010. Meanwhile, utilization of Trelstar was rising, increasing almost 5 percent over the same four quarters.

As shown in Figure 1, utilization patterns for monthly injections shifted dramatically in favor of the costlier products almost immediately after LCA policies were rescinded. Utilization of Lupron and Eligard increased substantially, rising a total of 31 percent from the beginning of the second quarter of 2010 through the end of the second quarter of 2011.

During the same period, the administration of Trelstar plummeted by 74 percent, with the largest utilization drops occurring in the quarter during which the LCA policies were removed and the first full quarter after. By the end of the second quarter of 2011, Lupron and Eligard were administered at almost 10 times the rate of Trelstar.

Although the administration of Zoladex decreased over the entire 27 months under review, utilization remained extremely low

relative to utilization of Lupron; Eligard; and, to a lesser extent, Trelstar.

HOWEVER, THE OVERALL UTILIZATION OF LHRH AGONISTS HAS BEEN STEADILY DECREASING

Despite variations in the administration of individual LHRH agonists, the number of doses of LHRH agonists administered overall for the treatment of prostate cancer began decreasing at least a year before CMS instructed contractors to rescind LCA policies and continued to fall for more than a year afterward. This downward trend was evident not only for the more commonly administered monthly injections, but also for annual implants.

The number of monthly injections used to treat prostate cancer decreased about 7 percent during the year before elimination of LCA policies and continued to decrease another 5 percent in the 15 months after, resulting in an overall decrease of 12 percent from the second quarter of 2009 through the second quarter of 2011. (See Figure 2.)

The overall decrease in the administration of the annual Vantas implant was even more pronounced. The number of these implants used to treat prostate cancer fell by 23 percent in the year prior to elimination of LCA policies and continued to fall another 23 percent in the 15 months after, resulting in an overall decrease of 41 percent.

Although the use of LHRH agonists has been decreasing, we did not find a compensatory increase in another type of hormone therapy, the simple orchiectomy. The number of these procedures performed to treat prostate cancer declined 15 percent during the year before the elimination of LCA policies and continued to decline an additional 16 percent afterward.

A study published in 2009 in *The Journal of Urology* identified a similar reduction in the use of hormone therapy to treat prostate cancer. This study, which examined claims and payment data from 2003 to 2007, attributed the overall reduction in hormone therapy to a number of different factors, including a decrease in Medicare payment amounts following the implementation of the ASP-based reimbursement methodology, the increased use of intermittent hormone therapy, and an increased recognition of the adverse effects associated with hormone therapy. The study authors conclude that these factors, taken together, may have resulted in a more discriminating physician practice pattern and shrinking pool of appropriate candidates for LHRH agonists.

CONCLUSION AND RECOMMENDATION

In 1995, Medicare contractors began using LCA policies to control the cost of LHRH agonists used to treat prostate cancer. However, CMS eliminated these policies in April 2010 as a result of a 2009 court ruling stating that Medicare law did not authorize the use of an LCA policy for an inhalation drug covered under Medicare Part B. Congressman Ken Calvert subsequently raised concerns that elimination of LCA policies for prostate cancer drugs may have provided physicians with an incentive to administer costlier drugs to patients.

Our results indicate that Medicare spending on clinically comparable LHRH agonists is higher in the absence of LCA policies, costing Medicare and its beneficiaries \$33 million in 1 year. Our results also confirm changes in utilization patterns for LHRH agonists, some of which appear to have occurred independently of LCA policies and some of which coincided with their removal. Specifically, the use of hormone therapy has been decreasing overall, which may be attributable in part to Medicare reimbursement but may also be influenced by clinical factors, such as an increased awareness of hormone therapy's health risks. In contrast, the

shift in utilization patterns in favor of costlier products coincided directly with the removal of LCA policies.

LCA policies may be a useful tool for conserving taxpayer funds, provided that patients retain access to appropriate care; however, in light of the 2009 court ruling, LCA policies are not likely to be restored without legislative action. Therefore, we recommend that CMS:

CONSIDER SEEKING LEGISLATIVE AUTHORITY TO IMPLEMENT LCA POLICIES FOR PART B DRUGS UNDER APPROPRIATE CIRCUMSTANCES

By seeking a legislative change to amend the current statutory Medicare provisions applicable to Medicare Part B drugs, CMS could regain the flexibility to implement LCA policies for certain clinically comparable products under circumstances it deems appropriate.

HONORING LIEUTENANT COLONEL
JIM KOKASKA

HON. DANIEL LIPINSKI

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. LIPINSKI. Mr. Speaker, I rise today to honor Lieutenant Colonel Jim Kokaska, who has safely returned from his most recent tour in Afghanistan. With a distinguished career in the U.S. Army spanning over two decades, his efforts and sacrifices deserve our recognition and gratitude.

Lt. Colonel Kokaska's overseas service began when he was deployed to Germany, and later to Bosnia, where he served as a combat engineer on de-mining operations. More recently, he has completed one tour in Iraq and two tours in Afghanistan with the 416th Engineer Battalion. Although his position as an engineer is incredibly stressful and taxing, he has continued to serve admirably and deserves the respect of all Americans. His impressive service record is not only defined by his skills and expertise abroad, but by the continuous commitment and loyalty that he has demonstrated throughout his long career.

Lieutenant Colonel Kokaska is also a devoted husband to his wife, Jane, and father to their five children: Ashlynn, Matthew, Lauren, Julia, and Ella. He will be joined by his friends and family to celebrate his homecoming on Saturday, December 15th, at St. Linus Catholic Church in his hometown of Oak Lawn, IL.

Mr. Speaker, I ask that my distinguished colleagues join me to pay tribute to Lieutenant Colonel Kokaska for his selfless contributions and long-time service to our nation.

HONORING BENJAMIN S.
SCHMIDLING

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Benjamin S. Schmidling. Benjamin is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 216, and earning the most prestigious award of Eagle Scout.

Benjamin has been very active with his troop, participating in many scout activities. Over the many years Benjamin has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Benjamin has earned the rank of Brave in the Tribe of Mic-O-Say and has led his troop in many capacities, including Assistant Senior Patrol Leader, Patrol Leader, Den Chief and National Youth Leadership Training staff member. "Prairie Spirit," as he is also known by, has earned 33 merit badges, his favorite of which is golf. Benjamin has also contributed to his community through his Eagle Scout project. Benjamin remodeled and restored a playground area at Seven Dolors Catholic Church in Easton, Missouri, planting butterfly bushes and cleaning up the garden area. Benjamin hopes to continue pursuing his passion for hockey into high school, juniors, and college, where he plans on studying medicine with the hope of becoming a doctor.

Mr. Speaker, I proudly ask you to join me in commending Benjamin S. Schmidling for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

275TH ANNIVERSARY OF THE NEW
HERRNHUT MORAVIAN CHURCH
ST. THOMAS, U.S. VIRGIN ISLANDS

HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Mrs. CHRISTENSEN. Mr. Speaker, I rise to congratulate the New Herrnhut Moravian Church on its 275th Anniversary. New Herrnhut, in my district of St. Thomas, U.S. Virgin Islands, is the oldest Moravian Church in the Western Hemisphere. This weekend, the church and its extended fellowship will celebrate the almost 3 centuries of service to the people of the Virgin Islands and as a fellow Moravian I will proudly join them as they do so in scheduled activities.

Upholding its mission and vision to spread the Gospel and serve people, missionaries of this church, founded in what is present day Czechoslovakia, came to St. Thomas, which was then a Danish possession, on December 13, 1732, exactly 275 years ago today. Freed slave Anthony Ulrich, Leonard Dober and David Nichman arrived in St. Thomas to bring the Good News of Christ and salvation to the enslaved population.

Historical church documents show that despite the resistance and criticism of plantation owners and the general community, one missionary, Brother Frederick Martin purchased Estate Posaunberg, on the eastern end of St. Thomas and renamed it New Herrnhut in 1737. The acquisition of this property allowed the missionaries to minister directly to the slaves, which began the work of the church in the New World.

The original church was destroyed by hurricane and the one that now stands is more than 200 years old. The plain and simple design is modeled after the original Moravian Church in Herrnhut, Germany.

The New Herrnhut congregation today is ably led by Pastor Reverend Anique Elmes-

Matthew, who grew up in the Friedenstahl Moravian congregation on St. Croix. More than 50% of its membership may be able to trace their roots to the original slave members who formed the first church on St. Thomas. The Moravian Church in the U.S. Virgin Islands, present on all three main islands, St. Thomas, St. Croix and St. John has been a pillar of strength to the community at large, serving as a source of spiritual strength and continuity. The New Herrnhut congregation is renowned for its rich musical tradition which they have shared with the faithful around the world.

On behalf of the people of the U.S. Virgin Islands and the 112th Congress of the United States, I would like to congratulate the Pastor, the Board of Elders, the Board of Stewards, the 275th Anniversary Committee, and the wider congregation on this historic and auspicious occasion.

HONORING THOMAS COX, PURPOSE
PRIZE RECIPIENT

HON. CHELLIE PINGREE

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 13, 2012

Ms. PINGREE of Maine. Mr. Speaker, I would like to recognize an attorney in my District who has been awarded one of only five Purpose Prizes this year for his role in uncovering irresponsible and fraudulent foreclosure practices. The Purpose Prize recognizes people over 60 who do great things for the public good.

After years of representing banks during foreclosure proceedings—and literally writing the book on how attorneys perform foreclosures in Maine—Thomas Cox became disillusioned with the industry. He left his firm and didn't know if he would ever practice law again.

Long soul-searching led Thomas to return to law—but this time on the other side of the table. Volunteering for the Maine Attorneys Saving Homes Project, he represented families facing foreclosure. Using his years of experience, he worked with dozens of families to make sure their rights were represented and that everything possible was being done to keep them in their homes.

Representing one homeowner in a battle with GMAC Mortgage—one of the largest mortgage servicers in the country—Thomas helped uncover a practice that came to be known as "robo-signing." To speed along foreclosures, the bank was approving documents without verifying their accuracy. His discovery led to a larger uncovering of systematic foreclosure fraud at the nation's largest mortgage servicers. In the end, 49 states sued these banks, winning a settlement of \$25 billion to help those who are at risk of foreclosures and imposing new loan-servicing standards.

As Thomas continues this important work today, he now recruits, mentors, and inspires young attorneys to focus less on making money and more on making positive change in their communities. "I feel more alive than I think I've ever felt in my life because it's good work," he said.

I am so grateful that Thomas took his career and life in this direction. It's a decision that has benefited thousands of families across the country and will have a lasting impact in inspiring young lawyers for years to come. My